

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Granite State Solutions</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00580381		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>FP1 Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 23 / 2016</b>		
Mailing Address <b>PO Box 16504</b>			Amount <b>15807.00</b>		
City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22302</b>		
Purpose of Expenditure <b>Video Production</b>		Category/Type <b>004</b>	Transaction ID : <b>SE.4233</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>		
Name of Federal Candidate <b>HASSAN, MARGARET WOOD, , ,</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NH</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <b>13345507.30</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>15807.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>15807.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kilgore, Paul, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>10 / 24 / 2016</b>		